V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13066
1. PLACE OF DEATH	(82-2)
County Aurtord	Registration Dist. Np. 18/
Village or City Athree de Gran 1. f. D.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurred	
0.00 01	
2. FULL NAME M. C. James Baker	
(a) Residence: No. (Usual place of abode)	Personal Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Widower	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	A
(at) WHE of Mus. Margaret & Baha	22. HEREBY CERTIFY, That I attanded decassed from
	, 1983, to 1983, 198
6. DATE OF BIRTH (month, day, and yaar) Tel. 17 - 18/1	I lest saw ht and allva on
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated ebova, at \(\lambda \cdot \cdot \lambda \cdot \
64 8 - 25 rusy,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	A A
kind of work done, as SPINNER, farmula SAWYER, BDOKKEEPER, etc farmula work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total tima (years)	Cherio Helesons 1930
9. Industry or business in which work was done, as SILK MILL,	0 0 0 1
SAW MILL, BANK, etc.	Cerebral Handman 1435
10. Date deceased last worked at Aug 11. Total tima (years) spant in this 5 years	
year) occupation 1974	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lesston	Other Conditionary Courses of Importance.
(State or country) Worth Carolinas	
13. NAME Markell Bake 14. BIRTHPLACE (city or town) Classes	Name of a parties No.
Y 14. BIRTHPLACE (city or town) Worth Carolina	Name of operation Dete of
al. Ma Sile	What test confirmed diegnosis? Secuses P. Was there an aulopsy?
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Allfron	Accident, suicide, or homicida?, Date of Injury, 19
(State or country) Worth Carolina	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MINE / Henry Baker	Spacify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Barrede Trace Not. D.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place for gen Couly Data Mr. 18 1, 1975	Nature of Injury
10 HADROTTANED ALGORIA TIMES CO MAN	24. Was disease or injury In any way relate to occupation of deceased?
19. UNDERTAKER HENRY January Johns	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Q

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

2. FULL		ere death occurred	ward E	Barger
	idence: No.		e of abode)	St., Ward.
Jenent	4. COLOR OR RACE	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 2. (Month)
5a. If married, HUSSAND (or) WIFE	of Mu C.	Barg	u	22. 1 HEREBY CERT
7. AGE	Years Months 8.6 Months	April 2 3 Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related were as follows:
9. Industr wor SAV	of work done, as SPINNER, YVER, BOOKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc ceased last worked at occupation (month and)	sp	time (years) ent in this cupation Med	Chronic sathritis . C. Aviation: 15 years. Other Contributory Conses of importance:
13. NAME	Charles	Edwar	S Magne	2
L (St	ACE (city or town)	algors (nes	Name of operation What test confirmed diagnosis?
	ACE (city or town). He or country)	Wage	co rid	23. If death was due to external causes (VIOLENG Accident, suicide, or homicide? Where did injury occur? (Specify c Specify whether injury occurred in INDUSTRY,
18. BURIAL, CR	MATION, OR REMOVAL	Date No	v.27 ,1935	Manner of injury
19. UNDERTAKI (Addres	A 7 A 2 A	cComas, d.	Shipley	24. Was disease or injury in any way related to If so, specify (Signed)

STATE OF MARYLAND-CERTIFICATE OF DEATH ion Dist. No.___ ME instead of street and number) ent give city or town and State TE OF DEATH (Day) (Year) That I attended deceased from auses of importance Data ol onset Date of ----- Was there an autopsy?----filt in also the following: HOME, or In PUBLIC PLACE.

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The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

V. S. No. 1 N. B. SITHIN CORPORAT LIMIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	50
County Harfard	Registration Dist. No. 155
Village or City Have de Grace	No. / Vaspital St. Ward
	death occurred in a horpital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sarah (1 Bell	lingolea autoide
(a) Residence: No. Bel air, Phd (Usual place of abode)	St., Ward. Bel air ml. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purity the word) Sa. 1f married, widowed, or divorced	21. DATE OF DEATH Nov /0 ,193 V (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. NI HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) July 3-1853	I last saw h _ elive on _ Nov _ 10 _ 19.35 ; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, et
82 4 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8 Trade profession or posticular	Data of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	(Vaurument)
9. Industry or business in which work was done, as SILK MILL,	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupetion (month end year) year) 10. Occupation	left bush
12. BIRTHPLACE (city or town) (Stete or country) Warshaud	Other Contributory Causes of Importence:
13. NAME Samuel Bellinsles	
13. NAME Saucel Office States (city or town)	Neme of operation Date of
(Stete or country) Maryland.	
15. MAIDEN NAME Caroline Cole	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Caraline Cole 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury 19
(Stete or country) Warehard.	Where did injury occur?
17. INFORMANT Mrs Whifeful Hausteral (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place CANNAY Date MIN 11, 1935	Neture of injury
19. UNDERTAKER Dedut Folia (Address) Belan and	24. Wes disease or injury in en way related to occupation of deceased.
20. FILED Now. 10, 1935 Charles J. Joley M. D. Registrar.	(Signet Jame De Grale July M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of deat of importance were as follow Arteriosclerosis	hand rolated causes vs:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	DEFINIO	2 1 15		
Chronic interstitial machinities	The state of the s	1915	Attack of epilepsy	1 week ago
Chronice intersection he pittitis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	DEC 5 1935			
Other contributory causes o	f importance:	5. /	Other contributory causes of importance:	-10
Gallstones	The state of the s	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE	OF	DEATH
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1. PLACE O	F DEATH			942	069
County Harford				Registration Dist. No. /80	
Village or City Edgewood, Md.		St.,	Ward		
Length of res	idence in city or town where	death occurred	6 yrs 4 mos.	death occurred in a horpital or institution, give its NAME instead of street and : 21 ds. How long In U.S. if of foreign birth?mrsm	osds.
2. FULL NA		i. Brodie			
	nce: No208 A.Apt		od Arsenal,	Md.St., Ward. If nonresident give city or town and	State
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, ED (write the word) ried	21. DATE OF DEATH November (Month) (Day)	, 193 5 (Yeer)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced Anne Brod	lie		22. I HEREBY CERTIFY, That I ettended Nov. 12. 135 to Nov. 15.	deceased from
DATE OF BIRTH	(month, day, and year) Me	rch 20.	1885	I last saw h im alive on Nove 15, 1935	_; death is said
	ars Months	Days	If LESS then	to have occurred on the date stated and 2.72 COA m.	
	50 8	1	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profe	ession, or particular work done, es SPINNER, R, BOOKKEEPER, etc. MCC			Coronary thrombosis with occlusion	Unknown
S 1 0 0 / 0 1 1	business in which is done, as SILK MILChen Lt., BANK, etc	11. Total	time (years) ant in this cupation30yea	Other Contributory Causes of Importance: 1. Arterio sclerosis generalized	Unknow
(State or con			Virginia.	2.Arterial hypertension	Unknow
13. NAME	Walter J	. Brodie			
(Stete		burgh		Name of operation	
15. MAIDEN N	AME Nannie	Mayo		23. If death was due to external causes (VIOLENCE) fill In also the following	g:
16. BIRTHPLACE (city or town) (State or country) Buchanen (Address) Buchanen Buchanen (State or country) Buchanen (State or country) Buchanen (Address) Anne Brodie (Address) Anne Brodie (Address) Buchanen Buchanen Date No. Virginia. 17. INFORMANT (Address) Buchanen Buchanen Buchanen Calledon Buchanen Calledon Variable Calledon Calledon				Accident, suicide, or homicide? Date of injury	, 19
				Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
				Manner of injury	
			A. A.	24. Was disease or injury in any way related to occupation of deceesed?	No
20. FILED TWO	93,193567	mily M	Shipley.	(Signed) H. F. Philips, Major, M. C. (Address) Edgewood Arsenal, Maryla	nd.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	73	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OEC 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis *	3 days ago
And the second s	171		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	(fastroenteritis	1 year

state

item of inforplnods

of OCCUPA-

Exact statement

classified.

properly

it may

CAUSE OF DEATH in plain terms, so that

-WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

13070

1. PLACE OF DEATH		210-00	01
County Hartand		Registration Dist. No.	8/
Village or City Alexaeen		NoSt.,	War
Length of residence in city or town where death occurred		f death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city of town where death occurred	yrs	ds. now long in 0.3. ii of foleign bifting.	1050
2. FULL NAME Stoward Jack	son Co	and the	
(a) Residence: No. 124' asktorn	fras	St., Ward.	
PERSONAL AND STATISTICAL PARTI		If nonresident give city or town and	State
		21. DATE OF DEATH	
	RIED, WIDOWED, D (write the word)	2. DATE OF BEATH PLOV. 75	1025
male Phile Sin	zle.	(Month) (Day)	(Year)
5e. If merried, widowad, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I ettended	deceased fr
(or) WIFE of		, 19, to	
6. DATE OF BIRTH (month, day, end year)	100 3	l lest saw h elive on	
7. AGE Years Months Days	If LESS then	to have occurred on the deta statad ebova, etm,	.,
13 8 27	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence	
8. Trede, profession, or perticular	ormin.	were as follows:	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ndent	The state of the s	
9. Industry or business in which work was dona, es SILK MILL,		Struck will siking a	
SAW MILL, BANK, etc		licero Du an anto.	
	ime (years) nt in this / 2	0	*
year) occi	upation 6 73	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)		Suration died at once curre	
(Stata or country) Varanca		- an automobile-brevele oscident.	
14. BIRTHPLACE (city or town) Annual 14.	_	1	
14. BIRTHPLACE (city or town) Harmsonbu	ry	Name of operation Date of	
(State of country)	ev .	What test confirmed diegnosis? Wes there an	eutopsy?_A
15. MAIDEN NAME a Selande S. Who	ettermore.	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the followin	g:
16. BIRTHPLACE (city or town) - Bushington		Accident, suicide, or homicide? Queidente Data of Injury	, 19
(Steta or country)	Carolina	Where did injury occur? one half mile month of above	Leene
17. INFORMANT My Thomas C. Car	we.	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) Cherken	F	On State Road, near Oborden, Herfard Co	with m
18. BURIAL, CREMATION, OR REMOVAL	-17	Manner of Injury Testomolile occident	7
Placabilitation Country Date Pett's	1 1925	Neture of injury Died at once	
19. UNDERTAKER Kenry January	+Inns	24. Wes disease or injury In eny way raleted to occupation of deceased?	
(Address) Carrelin In	1	If so, specify	
20 EUE Nov 24 10 35 - (2)	lichael	(Signed) Frank Hungman Coro	uld m
20. FILED	Registran	(Address) Merdely Vis	of

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Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 4 165	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Printall V S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

RD. Every item of infor-

Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94-20
County Huyford	Registration Dist. No. 183
Village or City Herkus Corla	Kitad St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) A.ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CELVENT James (over
J 3) Residence Mon Hugher Hallune (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED writishie word) The sex of th	21. DATE OF DEATH S (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Musiquet Povel	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 1, 1910 1909	I last saw h alive on 19 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
25 -6 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Continue from deads Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Proonly anguia Ran Pectorio
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12, BIRTHPLACE (city or town) Bellinive (State or country)	Other Contributory Causes of Importance:
1 00 000	Name of according
14. BIRTHPLACE (city or town) Carrotte	Name of operation Oate of What test confirmed diagnosis? Assaure Cases Was there an au'opsy?
15. MAIOEN NAME Mary & Himpling	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT MM W. Cover ave Both	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PLACE NOV 9 1835	Manner of injury
19. UNOERTAKER Terrand Ruch Roll Bally	24. Was disease or injury In any way related to occupation of deceased? No.
20. FILEDROV. 9 , 1934 Thomas P Brown Registrar.	(Signed) Chas. R. charden M. D. (Address) Bul an Mit

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related chases Date of onset of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy
Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5, 1927	Peritonitis 8 days ago
		16, 5 1.
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis 1 year
		19

B.-WRITE

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	7	11	73	
1	D.	U.	10	

1. PLACE O	F DEATH			93-0			
County_	arfod			~ ~ ~	Registration	Dist. No.	180
Village or C	ity Want	ebleer	ma	NoNo		St	Ward
to the second				death occurred in a horpital or inst			and number)
Length of rasi	idance in city or town where	death occurred	yrs,mos	ds. How long in U.S. i	f of foreign birth?	yrs	mosds
2. FULL NA	ME Jan	1 4.4	def				
(a) Residen	ce: No.		/	St., Ward.			
5,500		(Usual place				nt give city or town	
	IAL AND STATIST			1	CERTIFICAT	E OF DEATH	1
I. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	non	30	5
male	4Thick	mar	ried		(Month)	(Day)	(Year)
 If married, widow HUSBAND of 	vad, or divorcad	/-		22. I HEREB	YCERTIE	That I attan	dad deserved from
(or) WIFE of	grace	pay		aprice	1905- to		1095
DATE OF RIPTU	(month, day, end year)	Oct. 27	1863	I last saw have aliva on	mor &	3 19	6 : death is sei
. AGE Yaa	irs Months	Days	If LESS than	to have occurred on the data sta	ated above at / 45	oa m	, uoetii 15 30i
10 7	2 1	3	1 day,hrs.	The PRINCIPAL CAUSE OF DE			
1 8 Trada profe	ssion, or particular		ormin.	ware es follows:	e. Kear	1 depar	Data of onse
kind of y	work done, as SPINNER, BOOKKEEPER, etc	ustre of	Pearle	Musoo	1. 1/2 (7)	chias.	
Andustry or	business in which		×	grapocas	-		3/
SAW MIL	s dona, as SILK MILL, LL, BANK, atc						
10. Date decaas	ed lest worked at petion (month and	11. Total ti	ime (yeers)				
yaar) occupation occupation			Other Contributory Causes of im	nortana.			
z. BIRTHPLACE (ci	ty or town) 2	7		Other Conditionary Canses of the	iportance.		
(State or cour	ntry)	-					
13. NAME	mon o	vay					
14. BIRTHPLACE	(city or town)	d'		Name of operation			of
(State of				Whet tast confirmed diegnosis?			
15. MAIDEN NA	ME LOND	mou		23. If death was dua to axtarnal of			
16. BIRTHPLACE	(city or town)	11 41		Accidant, suicide, or homicide?_			
(Stete or		mance	w	Whare did Injury occur?			
17. INFORMANT Elande pary		Specify whether injury occurred	(Specify city of In INDUSTRY, In H	or town, county and	State)		
(Address)	vanlel	be or	ng			3	
18. BURIAL, CREMATION, OR REMOVAL Abingdon Come. Dec. 2 35		Manner of injury					
Placa AD1	ngdon Ceme.	Data	, 19	Nature of injury			
9. UNDERTAKER	Sowere K	Incloca	- 6	24. Was disaase or injury in eny		nation of deceased	no
(Address)		con . ma		If so, specify		position or deceased:	
Not	30 25. 6	mi. 0. 7	n 81. 0	(Signed) Tohan	600 WZ	amo	M Corre
20. FILED AU	, 19.3.2. 19.	Truly 1	cal Registrar.	(Address)	XBH OG	, m	a.
		170					,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: EC 6 1955 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis DELLER STATES	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	state UPA	1. PLACE OF D
(M)	of uld OCC	County
X	E OF	-Village or City

PHYSICIANS

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OCCUPATION

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BINDING

FOR

ARGIN RESERVED

EATH and

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

Length of residence in city_or town where death occurred.

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____ yrs.

22.

St. Ward.

If nonresident give city or town and State

				-		-
ERSONAL A	AND	STAT	STICA	LP	ARTI	CU

3. SEX 4 COLOR OR RACE

P

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)

(Usual place of abode)

21. DATE OF DEATH

(Day)

CERTIFY. That I attended deceased from

(Year)

Date of onset

5a. If Inarried, Widowed, or divor (Or) WHEE OF

(a) Residence: No.

6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months

Days

If LESS than 1 day,hrs or____min-

LARS

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.___

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc

10. Dato deceased last worked at this occupation (month and 11. Total time (years) occupation _

12. BIRTHPLACE (city or town) (State or country)

FATHER 13. NAME

14. BIRTHPLACE (city or town (State or country)

OTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION.

19. UNDERTAKER (Address)

Registrar.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Other Contributory Causes of importance:

Name of operation ...

What test confirmed diagnosis?

Where did injury occur?____

(Address)

Was there an autopsy2

23. If death was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide?______ Date of injury ______, 19_____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

-WRITE AUSE mation LION ΜĠ.

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Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street can 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroen teritis 1 yeur

V. S. No. 1

RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	
HIS IS A PERMANENT	be stated EXACTLY.	be properly classified. 1	of certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
ż	1	-	()

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22)
County Hayard	Registration Dist. No. 184
Village or City Oh arlington	No. St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1/1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frank of arre	ng.
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Nov- 14 , 193 J (Month) (Day) (Year)
HUSBAND of (or) WIFE of Sunge	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h desa alive on 10 14 14 19. 75 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
14 8 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of one of New 1/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	17 tanus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 110, Dato deceased last worked at how this occupation (month and	,
11. Total time (years) this occupation (month and £ 23.5. year) 11. Total time (years) spant in this occupation occupation	
LE BIRTHOLOGICAL LONG LONG LONG LONG LONG LONG LONG LON	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	tulenous
13. NAME Seo Darsey	
13. NAME 14. BIRTHPLACE (city or town) Starford (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comme Com	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Annu Correlation of the Correlation	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Set of arrivation and,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I toranna Cor Date / No. 1936	Nature of Injury
19. UNDERTAKER TIS Bailey (Address) & Arlington made	24. Was disease or injury in any way related to occupation of deceased?
20. FILED W, 15, 19 35, m. M. Finh. Registrar.	(Signed) M. D. (Address) Dwall of the Manager of t
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related ca	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 6 1.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	13071
County Harfard	Registration Dist. No. 185
Village or City Harfre de Grace	No. Hasketal St. Ward
	If death occurred in a herbital or institution, give its NAME instead of street and number)
11 411 - 1	os
2. FULL NAME/VIII Waller stuff	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wayte the word)	21. DATE OF DEATH NOW 9
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HERE CERTIFY That I attended processed from
01:10 100	Oct. 30 - 1905, 10 /17 9 - 1935
6. DATE OF BIRTH (month, day, end yeer) April 1-18/3	l lest sew harman alive on 19.34; deeth is said
7. AGE Years Months Days If LESS'than 1 day,hrs	to heve occurred on the dete stated ebove, et 3.30_ 4-m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trede, profession, or perticular	were es follows:
kind of work done, es SPINNER, SAWYER, BODKKEFPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked et this occupation (manth end	Theresting of Both value
9. Industry or business in which work wes done, es SILK MILL,	less.
SAW MILL, BANK, etc. 11. Total time (years) 2.	
10. Dete deceesed last worked et his occupetion (month end yeer) 1933 occupetion occupetion yeer)	
7/2 1 6	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country) (State or country)	16 track . Head Leaves (3)
E 13. NAME LOGILL SULL	- Land Harry Carrott
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Neme of operation
(Stete or(country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME (Shalle Hahar) 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country) Rarefalla.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. alarmy Maran (Address) 7/6 Formal and Jan Harre de Los	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Pack Run Cometapate Non. 11 1930	Neture of injury
19. UNDERTAKER Henry Jaming & San -	24. Wes disease or Injury In eny wey related to occupation of decessed?
(Address) accepted, Md.	If so, specify
20. FILED Nov. 9, 1935 Charles & Jaley W. A. Registrar.	(Signed) Anne B. Swy M. D. M. D. Kadgese) Throng Stranger
N. Colonia	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		. Example II	
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Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48)
County Harfred	Registration Dist. No. 180
Village or City new Mag nolis	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Illian Bearch A	Many
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Philip W. Dufour	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) An 17, 1905	I last saw h M alive on Nov 24 1935 death Is sald
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 1 50 A.m.
30 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Treda, profession, or particular kind of work done, es SPINNER, II home.	
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Corcinoma of ritros
10. Date deceased last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Jappa (State or country)	Other Contributory Causes of importance:
13. NAME Philip Bearch	
13. NAME Mulp Dearch 14. BIRTHPLACE (city or town) Musking and the control of th	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME COULTA 6. Marrier 16. BIRTHPLACE (city or town) Jappa (State or country) Wangland	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Olyling Ce - Dufour (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Trinty Cemeters, Nov 27 19 35	Manner of Injury
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED NOV 26, 1935 & mily M Shiple	(Signed) Swearey M.D

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis BILL A 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car I week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
State of P.A.	1. PLACE OF DEATH	
	County Varloid	Registration Dist. No. 185
should of OCC	11 . 1 %	320 7-10: 01/2:
Shoi of o	Village or City Favrous de Class	death occurred in a hospital or institution, give its NAME instead of street and number)
~ W ~	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
D. Every SICIANS tatement	2. FULL NAME Lamel Ellis	(Twin #2)
SI	(a) Residence: No. 220 Lodge all	cest., Ward.
	(Usual place of abode)	If nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
E X X	3. SEX 4. COLOR OR RACE OR-DIVORCED write the word)	21. DATE OF DEATH
TL ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
ANENA CT	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
BINDIN PERMANH EXACT y classifie	(6), 1112 51	
BINI PERM EX.	6. DATE OF BIRTH (month, day, and year) May 3, 1938	I last saw h
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date steled above, atm.
FOR IS A F stated properl	6 /3 ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
- 00	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premary Trongso- Insumonia Quit R.
<u>T</u>	9 Industry or business in which	oracichias pullunous
ERVI VK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	and war unaturally up
SE INK Sh on	10. Date deceased last worked et this occupation (month end spent in this	to amornine facility and
RES VG I AGE that	year) occupation	Alber Contributors Causes of importante a poyet strictor from by
GIN RI NFADING pplied. AGI erms, so tha	12. BIRTHPLACE (city or town) Jame de Leace	imaligation to commistances
GID AD ed. S, S	(State or country)	I dringt an inquest
UNFA supplied n terms, ee instru	H 13. NAME James 6 lles	universery that died while asless
M H U sup uin to See	4 14. BIRTHPLACE (city or town) Variety	Name of operation turns ; frail & undernouse Date of
IIIy plai	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
'X, WITH carefully I'H in pla ortant.	15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
LY, W careful TH in portant	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
a Z e	(State or country)	Where did Injury occur? (Specify city or town, county and State)
Should OF DE	17. INFORMANT CANADA CALLEY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E O Shy	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation sh CAUSE (Place St January Date Mr. 1920	Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER 1. Madison Mitchel	24. Was disease or injury in any way related to occupation of deceased?
9	(Address) I tavie de Grage Mid.	If se, specify
# M (T)	20. FILED Thy 18 , 1935 Charles & Jaces 76 2.	(Signed) T. Mowlett Cohours m. y.
> 4	Registrar.	(Address) Have de Glace, ma
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 6.000000

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUSEAU V. S.	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 13077
1. PLACE OF DEATH	92-0
County Harford	Registration Dist. No. 184
Village or City Loublin	NoSt,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?mosds.
2. FULL NAME Eula Ferguse	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Hemalo Abrile 4. Acoustic the word)	21. DATE OF DEATH NOV (Day) 193 L
5e. If macried, widowed, or divorced HUSBAND OF CO. H. D. H.	22. HEREBY CERTIFY, That I attended dacaased from
000000000000000000000000000000000000000	19.5 2 to 16.5
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yaars Months Days If IESS than	1 last saw h leive on 19 3; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
73 0 a ormin.	wera es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Advisework SAWYER, BOOKKEEPER, etc	W. 4-18
S. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last workad at how list occupation (month and this occupation (mo	and Orterio Selfrasia
10. Date decaasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation decay occupation	
12. BIRTHPLACE (city or town) Russell Co. (State or country)	Other Contributory Causes of importance:
13. NAME (State of County) Pussell Co.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME () GEDSU	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME E. E. PESSIL 16. BIRTHPLACE (city or town) Pussell Co., (State or country)	Accident, suicide, or homicide?
17. INFORMANT Beulan Kurguson	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) & arlington and	
18. BURIAL, CREMATION, OR REMOVAL Place Port of 1935	Mannar of injury
19. UNDERTAKER A. B. Bailey	24. Was disaase or injury in any wey related to occupation of dacaased?
(Address) (A artirotto	If so, specify
20. FILED JOSE 1930, 1930, My HI WYP. Registrar.	(Signad) 7 M.D. (Address) David Life to M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 6 1955	July 5,1927	Peritonitis .	3 days ago
BUDEAU V. S.			
Other contributory causes of importance	(Classical	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	THE MINISTER ASSESSMENT
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DING	-
i	-
H	-
BIN	9
M	-

1. PLACE OF DEATH			
County Harofu	rd	Registration Dist. No.	82
Village or City News Bes	som Med	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Langth of residence in city or town where death	h occurredyrs,mos	sds. How long in U.S. If of foreign birth?yrs	nosds
2. FULL NAME // //	arren All	wess	
(a) Residence: No. Earman	orten med	St., Ward.	
DEDCONAL AND STATISTICS	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICA 3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
male White	OR DIVORCED (write the word)	(Month) (Day)	, 193 V (Year)
5a. If marriad, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I ettender	d descend from
(or) WIFE of		Ma. 24 1935 to	19
6. DATE OF BIRTH (month, day, and year)	mil- 1911	I last saw h	: deeth is seld
7. AGE Yaars Months	Days If LESS than	to have occurred on the date steted above, atm.	
24 87	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
8. Trade, profassion, or particular	2		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ainles	Trackens Strell	
Industry or business in which work was done, as SILK MILL,			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (yaars) spant In this	f)	
this occupation (month and year)	spant In this occupation		
12. BIRTHPLACE (city or town) Sho	1	Other Contributory Causes of Importance:	
(State or country)			
13. NAME Robert Ho	Flowers-		
13. NAME Robert At 14. BIRTHPLACE (city or town)	rd	Name of operation Date of _	
(State of country)		What test confirmed diagnosis? 4 Complete Was there an	autopsy2//s
15. MAIDEN NAME Annie, C	I. Cum	23. If death was dua to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	nd	Accident, suicida, or homicide? Question Date of injury No	24,1925
E (State or country)	'. Z	Where did injury occur? I take Rand Roma No 1	
17. INFORMANT Lyde	Ind	Specify city or town, county and Si Specify whether injury occurred in INDUSTRY In HOME, or in PUBLIC P	LACE.
(Address)		Stone Con	,
18. BURIAL, CREMATION, OR REMOVAL	Nov 27 10	Mannar of injury white accuracy	vl
11	1	Nature of injury I follows Henry	
19. UNDERTAKER Hernberger	- Tonon	24. Was disease or injury In any way ralated to occupation of decaasad?	~
	MAINA STORM	If so, specify	
(Address)	7. 1 1	(Signed) Chas. Kichmon	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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21/16/ tootte/ oots	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributes of in the	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARYL	AND-CERTIF	CATE	OF	DEATH
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1. PLACE OF DEATH		48
County Hartors	Ca	Registration Dist. No. 142
Village or City Be S	AirMa	No. St. Ward
		f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whe	re death occurred	sds How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Mal	tied tuston	Lulton
(a) Residence: No.	Bes Air Md	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JoS & P	hTFuStox	22. A HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer)	9ct9-1882	lest sew her eliva on nor 19 1935; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at 9.3 Am.
53	20 1 day,hrs.	ware as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House Wife	Carcinoma Signived Date of one of
Industry or business in which	0	
work was dona, as SILK MILL, SAW MILL, BANK, etc		- Primary Carein mal of correr of utorus
O 10. Date deceased last worked at this occupation (month end year)	11. Totel tima (years) spent in this occupation	I D D Quiza
12. BIRTHPLACE (city or town) # Ja (State or country)	rtord Co	Other Contributary Canses of importance:
13. NAME JOHNT)	Magnuss	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Yartord Co	Name of operation Deta of Whet test confirmed diagnosis? Operation Was there an au'opsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Knight	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	artord Cc	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Wa	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JOSEPH (Address) Bel	Luston Anno	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	8	Manner of injury
Place. 20 C. KOPTIN	9 Date X12 / 1935	Nature of injury
19. UNDERTAKER Dean 1 (Address)	En mo	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED DEC/ 1959-72	Resherdson	(Signed) M. D. M. D.
	Registrar.	(Address) All the the

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis REC	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC	July 5,1927	Peritonitis	3 days ago
BUPE-U V.			
Other contributory tuess of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Example I		Example II	
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Comban have the control of the contr	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Yeer)

Date of onset

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis DEC 5 1935	1921	Run over by street car	1 week ago	
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	U I			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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INDIING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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of OCCUPA.

Exact statement

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

TION is very important.

DITTEL GARRO

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

CTATE OF MADVI AND	CERTIFICATE OF DEATH 13082
	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(12)
County Sanford	Registration Dist. No. /15
Village or City Dave de Grace, md.	No. No. St., Ward
	death occurred in a horpitator institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Pulys Grunds	Outside
	a Melalen med
(a) Residence: No. (Usual place of abode)	St., Ward. Of Carlotte Manual State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Myle Colored Single (acrite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1905	i iast saw have alive on 100, 27, 1925; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than	
0 + 3 1 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade protection or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rugumen sangunous uppuna
9 Industry or business in which	General Peritogetes ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
year) occupation	Other Coutributary Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation (spendlets my Date of 11/27/35
(State of Country)	What test confirmed diagnosis? Application. Was there an autopsy? The
15. MAIDEN NAME Susand Drake, 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
- (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Stewarf Waysele.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Swalle for Mid ,	Managed Indian
Plece Lounty Cenu. Date Del. 3 1935.	Manner of injury
1001	Nature of injuly
19. UNDERTAKER Very Conference (Address) Lave ted the Res mid.	24. Was disease or injury in eny way related to occupation of deceased?
1. 2 200 9 7	(Signed) Charles In Folia M. O.
20. FILEO Dec 2, 1935 harles J. Taley M. D. Registrar.	(Address) Have de Grace M. O.
	The state of the s

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BUREAU	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
я.			

V. S. No. 1

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NG	NEN	CTI	ified.		
N N	MA	XA	lass		
BI	PEF	回	rly	ate.	
A RGIN RESERVED FOR BINDING	SA	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. I	TION is very important. See instructions on back of certificate.	
D	ISI	be s	be p	o Jc	
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	PL	pon	OF	ver	
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V. S. No. 1	B	1	4	1	
>	Z	1	1	1	

1. PLACE OF DEATH		92.0
County Afarford		Registration Dist. No.
Village or City flerigma	(I	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death or	ccurredyrsmo	sds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME Mr. Diov	Ja G. Hert	lein
(a) Residence: No.	Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SI	NGLE, MARRIED, WIDOWED. R DIVORCED (write the word) Mavuel	21. DATE OF DEATH (Month) (Dev) (Yeer)
e. If merried, widowed, or divorced HUSBAND of		
(or) WHE of Whilmena 4	mall Hartlein	22. I HEREBY CERTIFY, That I attended decessed from
10	and Icon	A 1 2 1
. DATE OF BIRTH (month, dey, end yeer) (aug	3/1/855 Deys If LESS than	to heve occurred on the dete steted ebove, et
810 2 -	2 l'dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
. Trede, profession, or particular	ormin.	were es follows: Date of onse
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at	mer'	1 - This doe It lost su
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		12 ans my D. D. James Broken
SAW MILL, BANK, etc.		Mit of stemp of insular
	11. Total time (years)	budiac delatate 10 3
yeer)	occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town)	Urllein	
(Stete or country)	+ 1 V	
13. NAME And Aller 14. BIRTHPLACE (city or town)	legn	
14. BIRTHPLACE (city or town)	nany	Name of operation Date of Date
	11 -00	Whet test confirmed diagnosis? & wes there an eutopsy? N
16. BIRTHPLACE (city or town)	Deryllin	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
2 State of Country)	Oh 10.	Where did Injury occur?(Specify city or town, county and State)
7. INFORMANT AUG. MARGINESIS (Address) Rerry	a 9 Bertlein	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	2111	Manner of injury
Please frank durhling Det	e. 140° 11	Nature of injury
9. UNDERTAKER Sency January (Address) Scherace	in Stone	24. Wes disease or injury in any way related to occupation of deceased?
0. FILED 1 14 1635-6.C	Michael-	(Signed) Aleda M. (Address) Aleda Ma

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Haemorrhage," "Shock, "Shock," "Shoc tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved telanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on or intercurrent) affection need Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l qu'stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

PHYSICIANS should state D. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

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certificate.

See instructions on back of

Exact statement of OCCUPA-

N. B.—WRITE PL

STATE OF MARYI AND-CERTIFICATE OF DEATH

County Against Control on the port of the section Dist. No. No.	1. PLACE OF DEATH	Real Control of BEATH 100000
Village or City. Langth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) June 1 June 2 June 3	County Aurhord	Registration Dist. No. / 8/
2. FULL NAME (a) Residence: No. Justice of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR NOVORCED (washie to beyond) OR NOVORCED (washie to beyond) Sa. If married, widowad, or dovorad (washie beyond) OR NOVORCED (washie to beyond) 6. DATE OF BIRTH (month, day, and year) AGE Trade, profession, or particular to baya If LESS than I day,		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Just Just Just Just Just Just Just Just		near roll for the roll of the
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (**mire the pared) What a state of the pared o		
PERSONAL AND STATISTICAL PARTICULARS J. SEX 1. COLOR OR RACE OR DIVORCED Covers the parent OR DIVORCED COVERS THE ORD T		
Sa. If nerried victowad, or divorced Hussald of (Month) Sa. If nerried victowad, or divorced Hussald of (Month) Sa. If nerried victowad, or divorced Hussald of (Month) Sa. If nerried victowad, or divorced Hussald of (Month) Sa. If nerried victowad, or divorced Hussald of (Month) Sa. If nerried victowad, or divorced Hussald of (Month) Sa. If nerried victowad, or divorced Hussald of Month of Hussald of North of Hussald of North of Hussald of North of Nor		MEDICAL CERTIFICATE OF DEATH
Sa. If narried widowad, or divorced Sa. If narried widowad, or divorced (vor.) AIRSEAND of (vor.) AIRSEAND		
53. If married, widowed, or divorced HUSBARD of (oc) ALFE-OF DNCS Marry Mushes Sea. 6. DATE OF BIRTH (month, day, and year) 7. ACE 7. ACE 7. ACE 7. ACE 8. Months 8. Trade, profession, or particular kind of work done, as SPINKER, Jordan Mills, BARY, alc. 8. Trade, profession, or particular kind of work done, as SPINKER, Jordan Mills, BARY, alc. 8. Trade, profession, or particular kind of work done, as SPINKER, Jordan Mills, BARY, alc. 8. Trade, profession, or particular kind of work done, as SPINKER, Jordan Mills, BARY, alc. 9. Industry or business in which 9. Industry or business 19. Indu	m l la l l l l l l l l l l l l l l l l l	193 50
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than 1 day. hrs. bris. or. min. If LESS than 1 day. hrs. bris. bris. or. min. If LESS than 1 day. hrs. bris. bri	5a. If married, widowad, or divorcad	
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I day, hrs. of control I day, hrs. of cont		
Trade, profession, or particular kind of work done, as SPHNER Date of onset	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Sind of work done, as SPINNER, SAWYER, BOOKEPER, etc. 1. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decased last worked at 1 w. this occupation (month and year) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, GREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place (Addrass) 19. UNDERTAKER 19. UND		were as follows:
12. BIRTHPLACE (city or town)	kind of work done, as SPINNER TANKER	
12. BIRTHPLACE (city or town)	9. Industry or business in which	Cino o Amuorbace
12. BIRTHPLACE (city or town)	work was dona, as SILK MILL, SAW MILL, BANK, atc.	301-001000
Other Contributory Causes of importance: Other Contributory Causes Other Contributory Other C		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. BIRTHPLACE (city or town) 19. March 19. March 19. March 19. March 19. March 1	year) occupation year	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place Place Place Date Date Manner of operation Name of operation What tast confirmad diagnosis? Was thare an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Place		-
What tast confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place		
What tast confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place	13. NAME Levye & flag	
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16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of injury Place Afficial Common Date Place 1, 1925 Nature of Injury 24. Was disease or injury in any way related to occupation of decaased? (Signed) M.D. (Signed) Date of Injury (Specify city or town, country and State) Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. If so, spacify (Signed) M.D. (Signed)	(State of Country)	What tast confirmed diagnosis? Was there an au'opsy?
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Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of decaased? No lift so, spacify 25. FILED WW 75, 1975 D la Muchail Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of decaased? No lift so, spacify (Signed) M. D.	(State or country) Maryland	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place of Listensia Constity Date Mrs. 25, 1925 19. UNDERTAKER Adversed Statement of Lines (Addrass) (Addrass) 20. FILED Way 75, 1975 Dla Muchael (Signed) (Signed) Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of decaased? Mo. (Signed) (Signed)	1) INFORMANT Mrs. Mary Michael Lear	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Spessitis Constity Date Mr. 25, 1975 19. UNDERTAKER Server Saving Saving (Addrass) (Addrass) 20. FILED WW 75, 1975 Charles Muchou (Signed) Nature of Injury 24. Was disease or injury in any way related to occupation of decaased? Ho (Signed) (Signed)	والمتعارض والمتع	
19. UNDERTAKER Service Javana Jones (Addrass) (Addrass) 24. Was disease or injury in any way related to occupation of decaased? No If so, spacify (Signed) (Signed)		Manner of injury
20. FILED WW 75, 1975 Ole Muchou (Signed) Statement M.P.	Place Musulla Courses Date Steve 23 , 1973	Nature of Injury
20. FILED WW 75, 1975 Ole Muchou (Signed) Statement M.P.	10 HADEDTAKED ALENSIA TOMMA Sons	24. Was disease or injury in any way related to occupation of decased?
20. FILED TWV 75, 1975 Ola Michael (Signed) John Michael (Signed)		
20. FILED.	The 25 As- Olo Michael	NX LAILER
	Registrar.	100 00-0-11

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	\1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis DEC 6	1921	Run over by street car	1 week ago
Complying homographica	July 5, 1927	Peritonitis	3 days ago
BUPF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

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certificate.

See instructions on back of

of OCCUPA.

1. PLACE OF DEATH		<u> </u>	1
County Carfollo	, , , ,	Registration Dist. No. 1 8	174,
Village or City mry Sev	van Creek.	NoSt.,	Ward
Length of residance in city or town where	· ·	f death occurred in a hospital or institution, give its NAME instead of street and au sds. How long in U.S. if of foreign birth?yrsmos	
φ	7 2	A .	us.
2. FULL NAME hours	Willow Lu	i de la constantina della cons	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	2
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	Rate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
stere ale ulita	OR DIVORCED (write the word)		1935
5e. If married, widowed, or divorcad	The construction of the co	- (Month) (Dey)	(Yeer)
(or) WIFE of France & a	1. V' dra-1	22. I HEREBY CERTIFY, Thet I ettended de	eceased from
No decide 30	- military	15 ,1931, to Mor 15	19.35
6. DATE OF BIRTH (month, day, and yeer)	ray 14-1050,		death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
83 10	ormin.	were as follows:	Data of onsat
8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	line sourite		
SAWYER, BOOKKEEPER, etc	7) -,	And Miller Man	
work was done, es SILK MILL, SAW MILL, BANK, etc.		1 mones orac	
Kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	11. Total tima (yaars)		
year)	spent in this occupation		
12. BIRTHPLACE (city or town) To for	Shame.	Other Coutributary Causes of importence:	
(State or country)	maire,	Juneral artino Scheross	7
II 13. NAME alford	- Cober		×
13. NAME (oity of town)		Name of operation Dete of	
(State or country)	ang	What test confirmed diagnosis? Wes thara en au	
15. MALDEN NAME VIOLE	be Goddord	23. If death was dua to external causes (VIOL ENCE) fill In elso tha following:	
15. MALDEN NAME Loc	- /	Accident, suicide, or homicide? Data of Injury	
(State or country)	carre,	Where did injury occur?	
17. INFORMANT hurs, perine	o gene morse Da	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC) CE.
(Address) Suran	Phreek, ned.	2	
18. DUBLAL, CREMATION, OF REMOVED	a seur Ballo ma	Manner of injury	
Place In Thomas I will	Date NOV., 19.33,	Nature of injury	
19. UNDERTAKER Verming	ourson!	24. Was disease or injury in any way related to occupation of deceased?	No
(Address) Have	te Trace, ma	If so, specifyf	
20, FILED 18 1935 (O Camalias	(Signed) Illuming	
1-0	Political	- (Address) Temmon May	Mas

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 4 1935			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

IION is very important.

19. UNDERTAKER

(Address)

20. FILED 100, 19

-WRITE PLAINLY.

N. B.

V. S. No. 1

PHYSICIANS should state

of OCCUPA-

	STATE (OF MARYLAND-	CERTIFICATE OF DEATH	3088
1. PLACE O	F DEATH		<u></u>	
County	Hartord		Registration Dist. No.	82
Village or	city Bed)	tin Md.	No. St	Ward
		(1	If death occurred in a hospital or institution, give its NAME instead of street and	number)
	1/		sds. How long in U.S. if of foreign birth?yrsn	iosds.
2. FULL NA	ME Harri	at Matida N	atthaws	
(a) Reside	nce: No. Bel	Ain Aldi	St., Ward.	
PERSOI	NAL AND STATIST	(Usual place of abode) FICAL PARTICULARS	If nonresident give city or town an	J State
SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
EMALLE	Gos.	OR DIVORCED (write the word)	mw 19	1935
e. if merried, wido		SINGLE	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of			22. HEREBY CERTILEY, That I attended	deceesed from
		~	OC+ 1, 1935, to KN 17	19.3.4
		lor25-1879	i last sew have elive on have 1134	S.; death Is seid
	ears Months	Days If LESS than 1 dey,	to heve occurred on the dete steted above, et 23 Pm.	1
	55 11	2.2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance years of follows:	Date of onset
8. Trede, profi	ession, or particular work done, es SPINNER, R, BOOKKEEPER, etc	House Suties	Chronic Desular	
9. Industry or work we	business in which es done, es SILK MILL, ILL, BANK, etc		Mohnus	6 me
10. Date decee	sed lest worked at	11. Total time (yeers)		ago
	upetion (month and	spent in this occupetion		
2. BIRTHPLACE (d	eity or town) Be	JAIN	Other Contributory Causes of importance:	
(Stete or cou		M 9.		
13. NAME	has H Mai	tthews		
14. BIRTHPLAC	E (city or town)	KNOWN	Name of operation Dete of	
(State o	or country)	Mq	What test confirmed diagnosis? Where en	eutopsy? 24
15. MAIDEN N	AME Bettie	Tunner	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following	g:
16. BIRTHPLAC	E (city or town) Wbp	er X Rds	Accident, suicide, or homicide? Dete of Injury	
(State o	er country)	Wg	Where did injury occur?	
7. INFORMANT (Address)	Bassie F.	Matheus	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	.ACE.
	TION, OR REMOVAL		Manner of injury	
Plece_W_	stall benty	Dete JON 20 , 1935	Nature of injury	
O HNDERTAKER	Dog y Ja	P.	24. Was disease or injury in any way releted to occupation of deceased?	Zio

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 5 183	July 5, 1927	Peritonitis	3 days ago
BURGAU V.			
Other contributory causes of importance:	5.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

GIN RESERVED

306/ 9

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1635	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 3	July 5, 1927	Perilonitis	3 days ago
U.SU.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PL.

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13000
1. PLACE OF DEATH	(31)
County Harfurd	Registration Dist. No. / 8/
Village or City Repryman	No. St., Ward death occurred in a hospital or justitution, give its NAME instead of street and number)
Langth of residence in eity or town where death occurred	
2. FULL NAME Sylvester a. mcs	Luigan
Z. FOLL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male White OR DIVORCED (write the word)	(Month) (Oay) (Year)
58. If married, widowad, or divorced HUSBANO of Margaret H. Mc Gungan (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
1.01.5.5	1905 to 1007 1, 1955
6. DATE OF BIRTH (month, day, and year) Seft 28-1857	I last saw h
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1
78 1 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Returned Merchant	Vata of onset
SAWIER, DUNNEEPER, GIG	1.0.1.0
Mill, BANK, etc.	Cardio Cenal Jascolar
13 M Date deserved last worked at	arease
10. Date deceased lest worked at this occupation (month and an 1-1920 spent In this 20 year)	
12 BIDTUDI ACE (sity as town) Hart and Ca	Other Coutributory Causes of importance:
12. BIRTHPLACE (sity or town) Tay on any land (Steta or country) Mary land	
13. NAME John ME Jugan	
2-10-1	
(Steta or country)	Name of operation
15. MAIDEN NAME Catherine Kelly	What tast confirmed diagnosis? Was there an autopsy?
I WINDER WANTE	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Juliang (State or country)	Accident, suicide, or homicide?
~	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT M Thomal v. Mc Donald (Address) Perryman mg	Specify whether injury occurred in INOÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt Evin Compley Deta Nov 4, 1935	Nature of injury
House at pace	24. Was disease or injury in any way ralated to occupation of daceased?
19. UNOERTAKER Curry gly for (Address) It care de socie md.	If so, specify
1001 32- (11 - 11 - 11 - 1 - 1 - 1 - 1 - 1 - 1	(Signed) M. O.
20. FILEO Registrar.	(Address) Jerry man mo
1(8)3:101,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 5 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH	(210:00)
	County Harford in	Registration Dist. No. 185
		No. Star factal of in a horactal or institution, give its NAME instead of street and number)
Н	Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
	(a) Residence: No. Varulanda milk	St. Ward MA
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) Male A. COLOR OR RACE OR-DIVORCED (write the word)	(Month) (Dey) (Year)
	5e. If married, widowed or diverced HUSBAND of Jackers One Laser (or) WHE of Jackers	22. I HEREBY CERTIFY, That I attended deceased from
	1.1.1.1.2.0	1 1 1 2 1 3 1 2 1 3 3 1 1 1 1 1 1 1
are	6. DATE OF BIRTH (month, day, and year) Sept. 14, 85	to have occurred on the date stated above, at
certincate	76 / 2A 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ot c	8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER PROMKETER ALE	Thur tamation scafe
	9 industry or business in which	transfer defressed
back	work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	AT A Ball of
s on	10. Date deceased last worked at this occupation (month and yeer) spent in this occupation	Marine Description
instructions	12. BIRTHPLACE (city or town)	Other Cantribatory Canses of importance: Intercramial
Instr	13. NAME Color Me Jain	Jaman Lag
See	14. BIRTHPLACE (city or town) - tuknawn	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
nt.	15. MAIDEN NAME Elizabeth Jung	23. If death was due to external causes (VJOL ENCE) fill In also the following:
ımportant	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? acadeut Oate of injury 11-10, 1935 Where did injury occur? Alau Poul Separat, Mo
very 1m	17, INFORMANT Mars Elic Johnson. (Address) Park Louise	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18	18. BURIAL, CREMATION, OR REMOVAL Piace M. Jour Md. Oate 101 15, 19.35	Manner of injury automatile accident Nature of injury Practice Speed as a tore
LION	19. UNDERTAKER J. C. Typen	24. Was disease or injury in any way related to occupation of deceased?
T	20. FILED Tov. 92, 1935 Charles J. Falley, 202	(Signed) (Signed) (Address) (Address) (Address)

V. S. No. 1

-WRITE

N. B.

PHYSICIANS should state

KD. Every item of infor-

IS A PERMANENT REC stated EXACTLY. P properly classified. Exac

RGIN RESERVED UNFADING INK-THIS

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

FOR BINDING

of OCCUPA-

Exact statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 750 5 1055	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIA	AN	Ī
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SIAI	L OF MAKI	LAND-	CERTIFICATE OF DEATH	h3092
1. PLACE OF DEATH			400	1 - 1
County Har	ford		Registration Dist. No.	180
Village or City	abinga	4-0/		Da 14/
Vinage of Only	gringa) (II	f death occurred in a hospital or institution, give its NAME instead of stre	St.,Ward
Length of residence In city or tov	vn where death occurred 38	yrsmos		ds
2. FULL NAME Cal	W 24 718	ik F	radarily marlate	
(a) Residence: No.	Obrigada	mo		
(a) Residence. No.	(Usual place of	abode)	St., Ward. If nonresident give city or to	wn and State
PERSONAL AND ST	ATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR R			21. DATE OF DEATH	
male Whit	OR DIVORCED		1100 11	, 193
5a. If married, widowed, or divorced	- Tran	red	(Month) (Day)	(Year)
HUSBAND of	a m	00,	22. PIHEREBY CERTIFY, That I at	tended deceased from
Mora	ignes / co	teore	+28-25,1934, to 1/00	- 11 , 19 3.
6. DATE OF BIRTH (month, day, and ye	ar) may 18"	1868	I last saw h walive on Moo 11	9.35; death is sal
7. AGE Years M	onths Days	If LESS than	to have occurred on the date stated above, at 3.45 P.m.	
67	5 14	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular				Data of onset
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MIII SAW MILL, BANK, etc	Q ann	er	(arcenoma.	Jan
Nork was done, as SILK MII SAW MILL, BANK, etc	u -P		Small intestrul	18
SAW MILL, BANK, etc		ery		
10. Date deceased last worked at this occupation (month and year)	11. Total tim			
year)	occupa	ation 30	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)			other states of importance.	
(State or country)	termany,		Curdice de contens	tion Oct s
🖺 13. NAME	morlo	le	0 4	
14. BIRTHPLACE (city or town)			Name of operation Resection of more	te of 7-6025
(State or country)	Germa	nu	0000 Pa. E xan	ere an autopsy? "
15. MAIDEN NAME	Berlo	dees	23. If death was due to external causes (VIOLENCE) fill in also the fo	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	, , , , , ,		Accident, suicide, or homicide? Date of injury	
O 16. BIRTHPLACE (city or town) (State or country)	Germ	a rece-	Where did injury occur?	
P	a m.	1 101	(Specify city or town, county a	nd State)
17. INFORMANT Contract (Address)	agnes 114	20	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBL	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ngarn	1		
Place Parryman	I md Date nov	14 19 35	Manner of injury	
71 4 2	<i>a</i> , 1		Hadre of Injury	
19. UNDERTAKER H.K. Phy	Comas + st	N	24. Was disease or Injury In any way related to occupation of decease	ed?
(Address) about	don ma		If so specify	200
20. BILED ////3 1925	6. Harry (relesson	(Signed) 3 32 Fre 24	M. C
1.	Depter To	Registrar.	(Address) Sallo	ma
	If mord blanks are needed, add	lress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis.	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

2

' PLACE OF DEATH

Washed	CERTIFICATE OF DEATH
County Med Ned	Registration Dist. No. 182
Village or City Pleasantville (No	St: Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jem Hule 5 SINGLE, MARRIED, WIDOWED OR OIVORCEO (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
1860 June 6, 1860 (Month) (Day) (Year)	アの 1 ,19克ム、to アル 30 ,1934 , that I last saw har alive on アル 30 ,1934 ;
7 AGE 75 yrs 5 mes 2 4 ds or min.? 8 OCCUPATION (a) Trade, profession, or 71 - Vanne	and that death occurred on the date stated above, at 17 m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Magniform	Contributory Secondary
10 NAME OF FATHER Hilliam Ritchie: 11 BIRTHPLACE OF FATHER (State or country) Perginia 12 Maiden Name of Mother Chinatelly Deriven	(Signed) Clebra G. Means of Injury: and (2) whether Accidental. Suicidal or Homicidal.
of MOTHER Clegabilly Dirrich 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place le the af deeth yrs, mes, ds, Stats, yrs, mos, ds, Where was disease contracted, if not at place of death?
(Informant) Margarl Dukes Winds (Address) 2500 & Chase St. Adw.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ebense M. G. Lenny Dec, 3., 1085. 20 UNOERTAKER ADDRESS
Filed DEC 189371 CARPATANAN PEGISTRAR	Ho. G. Walker Forest Haill Mid.

STATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISBASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the -Coal mine, ctc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Autocases,

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober meningina. Bronchopneumonia ("Pneumonia," meningualified. is indefinite); Tuberculosts of lungs, meningualified.

on Nonienclature of the American Medical Association.) genital," on statement of cause of death approved by Committee Inder the head of "Contributory." and consequences (e. suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anacmia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), "Dropsy," "Exha symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping rent) affection need not be stated unless or miscarriage as The nature of the injury, as fracture of skull The contributory (secondary or interearg., sepsis, telanus) may be stated "PUERPERAL septichaemia," "Dropsy," "Exhaustion," (Recommendations "Atrophy," "Col-Never report mere important. mound ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly filed.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 13094
County Harbord	Registration Dist. No.
Village or City Cheroleen R. F. 1-2	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 2/_yrsmos	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Milliam Juny Ville	bury
(a) Residence: No. Adjuncy Quilin (Vaual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colored Kinkenown	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceesed from
(or) WIFE of	
6. DATE OF BIRTH (month, dey, end year) June 14-1870	I last sew h alive on, 19; death is sald
7. AGE Years Months Days If LESS then	to have occurred on the date stated ebove, etm.
65 5 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, Jay Jahrele SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Nov. spent in this occuration (month end	hillmatian
work was done, as SILK MILL, SAW MILL, BANK, etc	Mandental.
10. Date deceased last worked at this occupation (month end 17.4)	
year) occupation 2 744 }	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country)	
II 13. NAME Unknown	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
	Whet test confirmed diegnosis? Was there en eutopsy?
2. /	23. If death wes due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicides (VIOLENCE) fill In elso the following: Date of Injury (97, 919-35)
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide William Date of Injury 1977 1970. Where did injury occur? Klary Daviey Market
was the land	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT AMOI Advanch Hardy (Address) Caberleen and N. F. 7747	on proble Road side
18. BURIAL, CREMATION, OR REMOVAL Plece Mit. Calvey 2 7 Date Dec. 2 , 1935	Menner of injury will headlong in defet for Neture of injury. In much -
19. UNDERTAKER Henry James Jons (Address)	24. Was diseese or injury in eny wey related to occupation of deceased?
20. FILED 12/2 , 19 \$5-6.C. M. Chicago	(Signed) French Fragmun Courses (Address) Adullem Mid

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 13095
1. PLACE OF DEATH	(92.0)
county Hartond	Registration Dist. No.
Village or City" Near Forest Hill Ma	NoSt.,Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
11 1 01 . 0	tand If U.S. Veteran specify WAR
T- U - 11 de hi	St. Ward.
(a) Residence: No. 707-25777133 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mase 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBANO of Jessa K. Shackestord.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) A ug 12 - 1869	last saw h elive on 19 ; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 8
66 2 82 1 day,hrs.	ware se follows
1 8 Trade profession or particular	Circles Semonlage Nav
SAWYER, BOOKKEEPER, etc.	4,193
S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Bast, Mare, City (State or country)	
13. NAME Thomas Strackellond	
13. NAME / homas & / rackettand 14. BIRTHPLACE (city or town) Basta.	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MATOEN NAME LIOUISE PIERSON 16. BIRTHPLACE (city or town) Basto	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Stella Shuckelford	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fored Hell Mid 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Green Mount Oate MN 7, 1935	
Sea rate	24. Was disease or injury in any way related to occupation of deceased? Lo
19. UNOERTAKER AND SOLO MAN (Address) Belle Man (Address)	If so, specify
20 EUE NOV 7 31-71 & Richardson	(Signed) Wellard P Kudsoum. D.
Registrar,	(Address) Thest Hell ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Aftertoscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis EC 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			- go ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 argan
	1.1.031,10.00	a door borstor to be	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County darkord -	Registration Dist. No. 455
Village or City Hacre de Trace	NoSt., Ward
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Towns in resolution in city of court where deepth occurred.	ds. How long in U.S. if of foreign birth?wrsmosds.
2. FULL NAME Unelia Smit	W.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
Tensela Colored OR DEVORCED (write the word)	november 25 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of OF WAR A SMALL SMAL	22. I HEREBY CERTIFY. That I attended deceased from
100	18 ,1935, to hod, 25 ,1935
6. DATE OF BIRTH (month, day, and year)	I last saw h_2 alive on Rul 25 , 19.3 2; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the dete stated above, at 1.35 P.m.
10 1 / 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Best ,
9. Industry or business in which	gastise arlinama 193\$
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and	
10. Dete deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributary Causes of Importance:
12. BIRTHPLACE (city or town) Newlyman 5	Other Countries of Importance.
(State or country) nearylands	
13. NAME Welk Weinington. 14. BIRTHPLACE (city or town) East of the control of t	
14. BIRTHPLACE (city or town) East of the	Name of operation Date of
(State or country) Please Sand	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Sarah M Comas, 16. BIRTHPLACE (etty or town) Werrifman,	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (ofty or town) Werry rearry	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT helly Jones	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Person Surestand Date Nov. 30 1935	Manner of injury
D , L , I , I , I , I , I	Nature of injury
19. UNDERTAKER Denning ton Soul	24. Wes disease or injury in eny way releted to occupation of deceased? 2
(Address) dame de Grence met	If so, specify
20. FILED Nov. 30, 1935 46 Karles & Jaley, 3	(Signed) M.D.
Rekistrar.	(Address) 3 G / Clear , I , I

79000

1 LIMITS OF

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows: Attack of epilepsy	
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PL

1. PLACE OF DEATH	92:0
County Harford	Registration Dist. No. 184
Village or City Dullin	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
12 2 4 17	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME (JUME)	Torwar
(a) Residence (Arto. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WARNED, OR DE VORCED (write the word)	21. DATE OF DEATH Xas - 10 193 J (Year)
5a. If married, widewed, or divorced HUSBAND of (or) WIFE of Lillie Thomas	22. HEREBY CERTIFY. That I attended deceased from MW-6,19.35., to MUV/0,19.35.
6. DATE OF BIRTH (month, day, and year)	I last saw harm alive on Yard on 19.25; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at
10 10 18 ormin.	ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER,	WATER
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at CT 11. Total time (years) 11. Total time (years)	and Circle and I de a refere
work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	The trending
11. Total time (years) this occupation (month and	
yaar)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Massington of	
(State or country)	
13. NAME II me homas	
13. NAME The homes to the state of country of the state of the sta	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Paris 16. BIRTHPLACE (city or town) Otopes Co.	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANY Wy Lyamu O I fromas	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) (Annaton Md 1	
Place Dyllin am Data Nov. 13, 1935	Manner of Injury
19. UNDERTAKER At Bailey (Addiass) 69 arlumpton md;	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED PLOVE LO, 1935 M. W. Kirk. Registrar.	(Signed) F Sund grass M.D. (Address) Danewylow Ind.
If more blanks are needed address State Peristance	N. Chada Start Palina P. C. S.

V. S. No. 1

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDGETTYS	7,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLA

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STATE OF MADVI AND CEDTIFICATE OF DEATH

9	">	11	()	8
Ä	U	U	W.	

1. 1	PLACE OF DEATH	MAKILAND -	CERTIFICATE (JI DEATH	10000
	County Harlard		CE CO	Registration Dist. No.	185
	Village or City Have C	death occurredyrs2mos	No. 716 Control of death occurred in a horpital or instituti	on, give its NAME instead of st foreign birth?yrs	St., Ward treet and number) ds. ds.
2. 1	FULL NAME AUR (a) Residence: No.7/6 (O	orginia V neario (Utual place of abode)	St., Ward.	If nonresident give city or t	town and State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	ERTIFICATE OF DE	ATH
3. SEX	Lemal White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH	Hor, 44 (Month) (Dey)	, 193 5 (Year)
	married, widowed, or divorced			(month) (bey)	(1681)
(USBAND of or) WIFE of		ock, 3,05	CERTIFY hat I	attended doctesed from
6. DA1 7. AGE	TE OF BIRTH (month, day, and year)	ug 15. 1858	I last sew h. elive on	10v 4PB	, 19_34 ; death is said
7. AGE	Years Months	Days II LESS than	to have occurred on the date stated	ebove, at 4 = 0 m.	
	77 2	20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATI were as follows:	H and related causes of importa	Data of onset
9	B. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House Duties		•	
NPA1	Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		Varoly	ses	10/31/3
0 10	Date deceesed last worked et this occupation (month end year)	11. Total time (yeers) spent in this 50 yr	definite diagnos		more
12. B1	RTIIPLACE (city or town) Cocil	G5.	Other Custributory Causes of Impor	rtance:	
జ 13	3. NAME The Lest It	comb son	54 generation	al Brain	
8 = 1	BIRTHPLACE (city or town) Coc. (State or country)	I Co.	Name of operation		Date of
C 15	MAIDEN NAME Vilda ?	n tobitelaste	What test confirmed diagnosis?		
T -	0.	il C	Accident, suicide, or homicide?		
10 × 16	S. BIRTIIPLACE (city or town)(Stete or country)	THIA.	Where did injury occur?	· · · · · · · · · · · · · · · · · · ·	J, &
	FORMANT Harvey /	Thompson	Specify whether injury occurred in	(Specify city or town, county INDUSTRY, in HOME, or in PU	
2	RIAL, CREMATION, OR REMOVAL Place Lest Hollingham	Level Co, Hor, 1, 1935	Manner of injury		
19. UN	DERTAKER P. Made	noy Mitchell	24. Was disease or injury In any wa		easod?
20. FII	ED 700. 7 , 1935 6 %	acled J. Falsey The	(Signed) An	us 76 Ba	7/2md_ M. I

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Example I	a defining	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis DEC 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Supper V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioseterosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYORCED (write the word) 58. If married, widowed, or diverged HUSBAND of (or)-Wife o	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City Length of residence in city or town where death occurred yrs. mos. dt. How long in U.S. if of foreign birth? yrs. mos.	PLACE OF DEATH	942)
Village or City Length of residence in city or town where death occurred yes mos. 4. How long in U.S. if of foreign birth? yes mos. 4. How long in U.S. if of foreign birth? yes mos. 4. How long in U.S. if of foreign birth? yes mos. 4. How long in U.S. if of foreign birth? yes mos. 4. Color or RACE OR DIYORCED (with the world) 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (with the world) 5. If married, widowed, or divorced HUSBAND of (Wy-HIFLE or Day) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days 1 It LESS than 1 day. 1 Insurance of particular says in the securation of the world worl	County Harton	Registration Dist No. 184
Comparison of the control of the c	Village or City 5 th Dink	
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the word) B. Ill married, widowed, or divorced (10-1) HUSBAND (10-1) E. JI married, widowed, or divorced (10-1) HUSBAND (10-1) E. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than 1 day, hrs. of min. If any profession, or particular in which will work of work done as SPINNER, SAWYER, BOOKKEPER, etc. J. Industry or business SIK MILL, Saw MILL, Saw MILL, Bas as SIK MILL, Saw Mill, S	()	No. St., Wallf death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (with the word) 5a. If married, widowed, or divorced (or)-WIFE-or (O	Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmos
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (my NIDOWED) OR DIVORCED (my NIDOWED) OR DIVORCED (my Nitoward) HUSBAND of (or)-WIFE o	FULL NAME W Morgan W	hiteland.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (wine) the word) San II married, wildowed, or divorced HUSBAND of (or) WHFe of (or) WHFer or) WHFer of (or) WHFer of (or) WHFer of (or) WHFer or (or) WHFer	(a) Residence: No.	St. Ward.
3. SEX 4. COLOR OR RACE OR DIVORCED (*umite* the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*umite* the word) 7. AGE Waste Month (*op) HER EDY CERTIFY. That I attanded decease (*op) HIES Month (*op) HIE		
9 Shift work done as SPINNER, SAW MILL, SAW MI		MEDICAL CERTIFICATE OF DEATH
56. If married, widowed, or divorced HUSBAND of (or) WHEF of According 193 Month (Obay) 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Month Days If LESS than 1 day	J. Colon ya mijon jo, olitobe, makkieb, mibomeb,	21. DATE OF DEATH
55. If married, widowed, or divorced HUSBAND of (or) WIFE of Control of the Part of Control of Cont	My white morried	Month) (Fax)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS then I day, hrs. or min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, Sammin this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. Jay 19. J	married, widowed, or divorced	(1881)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date work was done as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work done as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done as SPIN MILL, Farming this occupation (month and year) It sat adeceased lest worked et in this occupation (month and year) SAW MILL, BANK, atc. It. Data daceased lest worked et in this occupation (month and year) Spant in this occupation occupation. State or country) What tast confirmed diagnosis? Was there an autopsy (State or country) What tast confirmed diagnosis? Was there an autopsy (State or country) The Actident, suicide, or homicide? Date of Injury. Where did Injury occur?	or) WIFE of Office & Whiteload	The standed receased the
7. AGE Yaars Month Days If LESS than 1 day, hrs. or min. 1 Trade, profassion, or particular kind of work done, as SPI NNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SLK MILL, SAW MILL, BANK, atc. 10. Date daceased lest worked et this occupation (month and years) spant in this occupation. Again this occupation (contract) 12. BIRTHPLACE (city or town) Cotate or country) 13. NAME 14. BIRTHPLACE (city or town) Calls or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury. (Stata or country) Where did Injury occur? Where did Injury occur?	1 12 1,272	
Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Saw M		6/ //
Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, atc. IO. Date deceased lest worked et this occupation (month and war. 1935) (Stata or country) II. Total time (years) spant in this occupation (month and year). Other Contributory Causes of Importance: Other Contributory Causes of Importanc	Total Inches	
Trada, profassion, or particular sind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data daceased lest worked et this occupation (month and work 1335) spant in this occupation (Stata or country) 12. BIRTHPLACE (city or town). Therford Co. (Stata or country) 13. NAME A Clay Mule for the Co. (Stata or country) 14. BIRTHPLACE (city or town). Therford Co. (Stata or country) 15. MAIDEN NAME A Clay Mule for the Co. (Stata or country) 16. BIRTHPLACE (city or town). Therford Co. (Stata or country) 17. MAIDEN NAME A Co. (Main this confirmed diagnosis? Was thara an autops) and the confirmed diagnosis? Was thara an autops) and the confirmed diagnosis? Date of Injury. (Stata or country) 16. BIRTHPLACE (city or town). Therford Co. (Stata or country) 17. MAIDEN NAME A Co. (Main this confirmed diagnosis? Date of Injury. (Stata or country) 18. MAIDEN NAME A C. Main this confirmed diagnosis? Date of Injury. (Stata or country) 19. Main this confirmed diagnosis? Date of Injury. (Stata or country) 19. Main this confirmed diagnosis? Date of Injury. (Stata or country) 19. Main this confirmed diagnosis? Date of Injury. (Stata or country) 19. Main this confirmed diagnosis? Date of Injury. (Stata or country) 19. Main this confirmed diagnosis? Date of Injury. (Stata or country) 19. Main this confirmed diagnosis? Date of Injury. (Stata or country)		
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12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. Main of operation What tast confirmed diagnosis? Was thara an autopsy 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Stata or country) Where did Injury occur?	SAWYER, BOOKKEEPER, etc.	Caranary Thomas sio
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. Main of operation What tast confirmed diagnosis? Was thara an autopsy 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Stata or country) Where did Injury occur?	work was dona, as SILK MILL,	
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(Stata or country) 2	21116	Other Contributory Causes of Importanca:
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. What tast confirmed diagnosis? Was thar an autopsy 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Stata or country) Whera did Injury occur?		-
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What tast confirmed diagnosis? Was thara an autopsy 15. MAIDEN NAME	, NAME IT Clay I sulford	
What tast confirmed diagnosis? Was thara an autopsy 15. MAIDEN NAME		Name of oparation
(State of Country) Where did Injury occur?	(Stata or country) — Md	What tast confirmed diagnosis? Was there an autopsy?
(State of Country) Where did Injury occur?	i. MAIDEN NAME June C. Morgan	23. If death was due to external causes (VIOLENCE) fill In also the following:
(State of County) Where did Injury occur?	S. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
	(Stata or country) The d.	Whera did Injury occur?
17_INFORMANT (Specify city or town, county and State) 17_INFORMANT (Specify city or town, county and State) 17_INFORMANT (Specify city or town, county and State)	FORMANT Office S. Whitelow,	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address) By fiteford md		
18. BURIAL, CREMATION, OR REMOVAL	RIAL, CREMATION, OF REMOVAL	Manner of injury
Placa Schedule Poata 1900 Neture of injury	Placa Startle Data 187 1,1900	Neture of injury
001/1/02/06	DEPTAKED Haber PHanking	
19. UNDERTAKER 24. Was disaase or injury in any way related to occupation of daceased? (Addrass) If so, spacify A		
Orace V and A Co. of the State	Mary 2 21 1/ 1 may 22 00	V 2 4 10
20. FILED 1935 LS: L. Mc Mabb (Signed) (Address) (Address)		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. E. No. 1.	4	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhape DEC 6 1900	July 5,1927	Peritonitis	3 days ago
BURELU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
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CCAD. Every item of infor- PHYSICIANS should state ct statement of OCCUPA.	STA 1. PLACE OF DEATH County Village or City Length of residence in city or 2. FULL NAME (2) Posidence No.
T RECERI.	(a) Residence: No. PERSONAL AND S 3. SEX 4. COLOR OF
FOR BINDING IS A PERMANENT RECORD. Every stated EXACTLY. PHYSICIANS properly classified. Exact statement certificate.	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and 7. AGE Years
SSERVED FOR B. INK—THIS IS A PE E should be stated E t it may be properly on back of certificate	8. Trade, profassion, or particu kind of work dona, as SI SAWYER, BOOKKEEPER, 9. Industry or business in whit work was done, as SI LK. SAW MILL, BANK, etc

FATHER

MOTHER

TION is

mation

ATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. (Usual place of abode) If nonresident give city or town and State STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 22. year) Months Days If LESS than 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance or min. Date of enset PINNER, MILL. 11. Total time (years) spent in this occupation .. 12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) Name of operation (Stele or country) What test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town Accident, suicide, or homicide? (State or country) Where did injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Menner of injur Neture of injury 24. Was disaasa or injury in any way related to occupetion of decaased? 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.

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	Example I	[]	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	paritis DEC 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUTEAU V. S.	July 5,1927	Peritonitis	3 days ago
	The state of the s)		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Harford		Registration Dist. No. 184	et .
Village or City Wan - Bubber		No. St.	War
Length of residence in city or town where death occurred _	35 yrs — (I	f death occurred in a hospital or institution, give its NAME instead of street and num s	ber)
2. FULL NAME William &	Wreak	T	
(a) Residence: No.		St., Ward.	
	nce of abode)	If nonresident give city or town and Stat	te
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
male white OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH (Month) (Day) 19	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended deco	eased fro
6. DATE OF BIRTH (month, day, and year) 82 year	1	I last saw h alive on, 19, do	eath is se
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, atm,	
82 - unknorn	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	nts of ons
8. Trade, profession, or particular kind of work done, as SPINNER, Paund	Ten.		113 01 003
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. JINdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Dato deceased last worked at this occuration (month and 19.344) 11. Tot.		Burned to death; in a	
work was done, as SILK MILL, SAW MILL, BANK, etc.		towning building whis own home,	STORY.
- I I I I I I I I I I I I I I I I I I I	al time (years) spent in this Life occupation		
12. BIRTHPLACE (city or town) Norfolks		Other Cantributory Canses of Importance: Body was found a Rollahour ofter cast	10
(State or country) Va		was received by the coloner, notifying	2 - 4
13. NAME Temperature 14. BIRTHPLACE (city or town)	n	him of the fine.	
14. BIRTHPLACE (city or town)		Name of operation Oate of Oate of	
(State of country)		What test confirmed diagnosis? Was there an autop	osy?
15. MAIDEN NAME		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oscidenta Oate of injury Noval9	, 19.35
(State of County)	-	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT O Doug arch (Address) Edgewith	nd	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury sourced to with m his	on
Place Aline golion + Date 19	E & 2 , 19 \$5-		
19. UNDERTAKER Steprence K MC	ocma		no
(Address) abm gdon md		If so, specify	
20. FILED Nov. 30, 1935 6 mily 7	n Shinle	(Signed) ANULLAMO Colores	-oM
20. FILED	Registrar.	(Address) (Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	ji.	Example II	
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Arteriosclcrosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Poritonitis	3 days ago
		A STANDARD STANDARD	
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

V. S. No. 1 N. B.- SPECIAL DAMEST

STATE O	MARY	AND-CI	ERTIFIC	ATE	OF	DEATH
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1. PLACE OF DEATH	- 15 les
County Harford	Registration Dist. No. 185
Village or City Have de Grace ned	. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Robert Ynchks	
(a) Residence: No. 6 17 - what Franklin (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) april 13-1935.	I last sew h. 25 alive on 25 19 25 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
7 - 1 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	7
work was done, as SILK MILL, SAW MILL, BANK, etc.	Congenital Theast
S. Hade, profession, or particular Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupetion	Silianom
12. BIRTHPLACE (city or town) Have de Grae (State or country)	Other Contributory Causes of importence:
	Cardina taller
13. NAME We dore frequents. 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME delen Growthants. 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
(State or country) (Lew york,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT I les dure of Juestio. (Address) Have de Ghage rad,	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. Junglew, Dete nov, 26,1931.	Nature of injury
19. UNDERTAKER Daningtons on (Address) La me de the	24. Was disease or injury in any way related to occupation of deceased?
20 1	(Signed) A Total M. D.
20, FILED / CAU . 25, 1933 Charles of Called The D' Registrar.	(Address) Have de 22d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- Pico
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DUKEAU V. S.	July 5,1927	Peritonitis	3 days ago
Emdining and Street Association (see Association of Association of Association (see Association of Associati			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year